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Vol. XVI. HALIFAX, NOVA SCOTIA, DECEMBER, 1904. No. 12

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CONTENTS FOR DECEMBER, 1904.

PRESIDENTIAL ADDRESS.
By C. D. Murray, M. B., C. M..... 501

ORIGINAL COMMUNICATIONS.
The Observance and Enforcement of Sanitary Laws, &c.—G. E. DeWitt. 505
Removal of a Very Large Ovarian Tumour—A. B. Atherton 510
Two Unusual Forms of Amblyopia—J. W. Stirling 513
Pioneers of Medicine in Nova Scotia, *Continued*—D. A. Campbell..... 519

EDITORIAL.
Life Insurance Examinations and Medical Witness Fees 528
The Treatment of Typhoid Fever ... 529

SOCIETY MEETINGS.
Nova Scotia Branch British Medical Association 532
Canadian Medical Association 533
Personals..... 535
Book Reviews. 535
Notes..... 540

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THE

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Presidential Address.*

By C. D. MURRAY, M. B., C. M., Halifax, N. S.

Mr. Vice-President and Members,—Before proceeding to discuss the subject which I wish to bring to your notice to-night let me thank you for the honour you have done me in electing me President of the Halifax, N. S. Branch of the British Medical Association.

This Branch, founded in 1887, has for 17 years occupied a very important position and exercised a very great influence in the medical affairs of Halifax, and in a less direct degree has affected those of all Nova Scotia.

In the City of Halifax the association has been, more than any previous medical society, a common ground for the discussion of all matters affecting the profession and the medical welfare of the public.

It is chiefly because of the influence this association can wield, and the public spirit it has in the past shown, that I bring before you to-night the question of the Government Sanatorium for Tuberculosis.

I would like before criticizing the institution, to review for a moment the history of its inception, and the purposss for which its foundation was sought. Several years ago, six I think, the Medical Board of the Victoria General Hospital was impressed with the large number of tubercular patients who were occupying beds in the institution. Some were cases in the earlier stages of the disease, such as had been shown to be largely amenable to suitable institutional treatment,

*Read before N. S. Branch British Medical Association, Nov. 23rd, 1904.

treatment which experience had shown could not be properly carried out in the wards of the V. G. Hospital. Other cases, so far advanced as to be hopeless of cure, were expectorating large quantities of germ-laden sputum, a source of danger to near-by convalescent and debilitated patients.

The medical board in its annual reports to the Hon. Comm. of Public Works and Mines, brought these matters to the notice of the government on several occasions. The board further had a personal meeting with the members of the government and pressed these matters upon their attention. Later, this Branch by a resolution which I had the honour to move, memorialized the government on the subject, and submitted a statement pointing out the need for a state supported sanatorium for the treatment of early cases of tuberculosis occurring in those who could not afford to avail themselves of the advantages of existing foreign sanatoria, and who had no claims on the benevolence of the free institutions of other provinces. The Maritime Medical Association passed similar resolutions, and a general agitation of medical men and some laymen, throughout the province, resulted in the government appointing a committee to draw up recommendations as regards the size, site and general arrangements for a Sanatorium for Tuberculosis.

This committee recommended that a beginning be made with an institution of about 20 beds to be situated at Kentville, the idea being that the success of one such pioneer institution would lead the government to found others at other points.

When the government gave assent to the recommendations of the committee and proceeded to plan and to erect a sanatorium, all thought we were about to see another monument erected in evidence of the benevolence of the Province of Nova Scotia. Imagine our surprised disappointment on finding that the institution erected by the government of Nova Scotia was simply a pay nursing home for the well-to-do, and that no provision had been made for the tubercular poor.

In order to secure the best results in the institutional treatment of phthisis several conditions are necessary. First the confidence of the public and of the patient must be secured, and second, absolute and autocratic authority must be placed in the hands of those in charge. The second cannot be given unless the first has been secured. To secure the necessary confidence we must either have results to point

to, or we must place the institution in the hands of persons adequately educated and specially trained. It is not enough to place a trained nurse in charge, and have a general practitioner make occasional visits.

Such a course might be adopted with doubtful success had the institution already achieved great results, but more is necessary at the outset to inspire the confidence needful to make possible the enforcement of adequate discipline, which all recognize as the ground work for the successful treatment of phthisis. The family physician, with the confidence of a clientéle inspired by years of faithful service, would find the task no easy one among his own patients. How much more is the difficulty, when the attempt has to be made under such conditions as exist at Kentville.

It has been the practice of Dr. Walther, of Nordrach, to limit the number of the inmates of his sanatorium to 50; not because he could not with the skilled assistance available handle many more, but because by this means he always has a waiting list of 50 more, and is able, by threat of discharge, to enforce his rules upon such as are fortunate enough to be inmates of his institution.

In Kentville with a capacity for 18 and a fluctuating attendance of 8, circumstances are not so favourable for discipline.

Again the cost at the Kentville Sanatorium places the institution out of the reach of those for whom it was desired and whom it was expected to so greatly benefit. The $8 a-week patient can afford to go to any of the over 100 sanatoria in the United States, and to several of those operated in Canada, but what of the young mechanic with a wife and possibly one or more children? The period required for treatment is at the lowest 3 to 6 months. Where is the successful mechanic earning in health $12 to $20, to find the funds necessary not only to provide for his family during his enforced rest, but also to pay an $8 a-week board bill? The school teacher, the clerk, and the shop attendant, the most frequent victims of this disease, are all equally excluded from the government's scheme of benevolence, and young men and women of even a higher class, starting on the threshold of life, with no stored wealth to avail themselves of the benefits of the sanatorium, must become the pensioners of their relatives and friends. How many of us present would be willing to lay off for six months and rest, with expenses going on, and pay

$8 a week at the Kentville Sanatorium, even if assured that we were threatened with an invasion by the dread white plague?

At present I am told two principal difficulties are experienced at Kentville, besides the initial one of getting the patients to go there. One is the enforcement of the necessary regimen of air, diet, and exercise, so essential to successful treatment; the other is to keep patients at the sanatorium long enough to benefit by the treatment provided.

The first difficulty is due to the lack of any hold upon a patient who is paying what he considers a high rate of board in a state owned institution; the second is due to the financial and other exigencies of the class of people who in Nova Scotia need the treatment.

The remedy lies in placing the institution on the same basis as the V. G. Hospital; free to all who are suitable and cannot pay, exacting from those who can contribute to the cost of their care and treatment such sums as they can afford to pay.

There should be on the staff a physician trained at one of the great sanatoria acting under the supervision of an inspecting or visiting physician, both to be clothed with adequate authority. Then we would soon have the waiting list that would enable autocratic authority to be exercised.

I think I have said enough on this matter to indicate that the benevolent intent with which the government started out under the inspiration of the profession some years ago has been switched off into channels neither creditable to the heart or head of the government or its advisors, and I hope this association will support me in the resolution which I propose to move:

That the Halifax, Nova Scotia, Branch of the British Medical Association, in view of matters which have been brought to their notice, do not consider that the Government Sanatorium at Kentville is fulfilling the purpose for which it was originally desired, and respectfully request the government to appoint a committee on which this association shall be represented to draw up recommendations for its re-organization along such lines as may enable it to extend the most modern scientific treatment to all classes equally.

Original Communications.

THE OBSERVANCE AND ENFORCEMENT OF SANITARY LAWS THE MOST EFFECTIVE MEANS TO PREVENT THE SPREAD OF TUBERCULOSIS.*

By G. E. DeWitt, M. D., Wolfville, N. S., Vice-President from Nova Scotia.

While drugs are indispensible to the treatment and cure of disease, the medical profession have awakened, and people are awakening, to the fact that it is wiser to prevent disease than to risk curing, after it has incorporated itself into the economy.

The medical man, if he be honest, if wedded to his profession by the bonds of sympathy, of charity, a solicitude by precept, word and example to carry out and make effective the knowledge and experience he possesses, will not be content to wait until the disease has come, but do all in his power to prevent it before it has begun. It should be incorporated in our lives to assist the public to a better understanding of the laws of health, the relation of cause to effect.

Following the train of a broader and more effective observance of the principles of hygiene, within the two last decades, pathologists have demonstrated and brought from their hidden recesses the germs which weaken and too often destroy the human system.

The tubercle bacillus which is now known to be a great and potent factor in producing the disease known as consumption is still on the war path, seeking whom it may devour. Sanatoria and fresh air treatment adopted for the care of patients committed to them have, we doubt not, done something to lessen mortality and make a comparatively few lives more comfortable. But it is as yet a drop in the bucket and will continue to be, until hygienic laws are more universally observed. Before governments are induced to grant subsidies for the building and support of sanatoria, they must be influenced by the people, and the people will not be aroused to a sense of their responsibility to bring about this reform until they have incorporated in their lives some of the simple and rational principles of hygiene,

*Contributed to the Congress on Tuberculosis at the World's Fair, St. Louis. Oct. 3rd, 4th and 5th.

and while I do not wish to be understood as speaking depreciatingly of efforts made by this or any convention to devise ways and means to make effective legislation for the building of sanatoria and the isolation of consumptives, I think I may venture to say, that while legislation has done much to promulgate and give adherence to sanitary laws, much is still undone, and until some of those things which are undone are accomplished, the effort put forth to build sanatoria for this disease will be as futile as it would be to check the stream by taking from it a few drops of water, while neglecting to destroy the source of it.

Effort should not cease in the direction of securing pecuniary aid from governments for the laudable enterprize of building and sustaining sanatoria. But while we seek this aid, it is incumbent upon us to strenuously strive to educate and instruct the people that they may have a better knowledge of sanitation which, when they have attained to it, will enable them more cheerfully and obediently to enforce legislation and observe its sanitary laws, especially such rules as will most effectually check this mighty foe the tubercle bacillus.

I have ventured to say in my own country that the man who builds a house on a heavy and undrained soil and undertakes to rear a family in such an environment, is living in a fool's paradise, and the government who permits it is permitting as much of a violation of sanitary law as to permit him living over a bed of rotten cabbages, or in proximity to an offensive cesspool, or of harboring a decomposed carcass. An undrained and damp soil is the harbinger and abode of pathological germs. The man, woman or child whose tissue is susceptible to the tubercle bacillus, who lives in such an environment, has not the same chance of escape as the one whose abode is in more sanitary surroundings. In the country districts of the Maritime Provinces of the Dominion of Canada damp and undrained soils, together with living in close and unventilated rooms, has had much to do in propagating the germs of consumption. If this be true and government acknowledges it, will it not be reasonable to seek such legislation as will prevent the house-builder from occupying such premises until prescribed sanitary laws are complied with ?

The spitting nuisance is prohibited in some towns and cities for the reason that the sputum contains the bacilli, which is the chief

source of contagion, and yet there is an urgent need owing to indifference and unbelief among a large number of people that it should be brought home to them so as to dissipate their unbelief.

Unventilated public halls and churches in the country districts, where in the latter we go for spiritual comfort at the expense of the physical, where sunlight and fresh air are at a minimum, is another foul fountain which materially adds to and fills the consumptive stream. We can have no better ally than the clergy who may be solicited to bring about the needed reform.

Since the pronouncement that consumption is contagious, the people have become alarmed, while not needlessly so, yet they put a misconstruction upon it, because they are unable to differentiate the character and means of the contagion of tuberculosis from other infectious diseases.

Governments have it in their power to educate and enlighten the people not only by the distribution of literature, but by the appointment of men untrammeled by party, selected not for their political value, but for the fitness to do the work assigned them, Provincial or State. Boards of Health in some countries I know of are appointed by the government. The appointees are the pronounced political followers of the government. Some of the members never sit with the board, but never forget to draw their salaries. The act of government in appointing these men by first considering their political fitness and lastly, the same thing, make of the board a farce, a travesty on the pretensions and acts of legislation and a tampering with human life. The men appointed by governments and corporations to do the work of promulgating sanitary law and enforcing it, including boards of health, health officers and inspectors, should be removed from the realm of politics.

The destructive bacteria invade squalid homes with impunity. Literature and addresses from capable men will do much to show them that unsanitary conditions of homes, that filthiness, unnourishing food and squalor of the working people are the agents which propagate the disease, and that the greater and more prolific cause of consumption is not from direct contact with the consumptive, but by living in an infected house. Every country and state may build sanatoria for the care and treatment of consumptives and spend

millions in the construction and maintenance, but so long as people have to live and work in stifling rooms, over wet cellars, on an undrained and wet soil, so long will the stream keep full, and no efforts on the part of the governments, no matter how lavish the expenditure, can meet the demand made upon them. There is need of imperative legislation that all school teachers afflicted with tuberculosis be prohibited from teaching in the schools, that inspection of school children be made at periods during the school year and children be prohibited from attending the public school who are known to have tuberculosis.

A strong and wide spread opposition is now made against consumptives flocking to the cities of the south and west and the time is not far distant when those known to have consumption will be prohibited from making their abode in the hotels of California and Colorado, and the cities of other southern climes, where so many consumptives have hitherto gone. We then return to the question, "What provision shall be made for them?" Which impels us to conclude that the masses must be cared for in their own homes and in sanatoria of their own climes. When we compare statistics of sanatoria in Germany and Scotland with those of Muskoka, the Adirondacks, of Massachusetts, and other parts of the United States, we find that the sanatoria on this continent compare favorably with those of Europe. Dr. Philips of Edinburgh, although speaking of Edinburgh as having a "villainous climate" owing to the mist and dampness, reports that his efforts to care for and treat the consumptive in his sanatoria are equal to or as good as any on the continent. And with what little experience the writer has had in caring for and treating the disease in a sanatorium in Nova Scotia, which country is almost surrounded by the sea, we believe the results are equally as good.

In Nova Scotia we have a sanatorium act for the establishment of sanatoria, which passed the legislature in the year 1900. The act provides for other sanatoria conducted by any private person or benevolent organization to be under the surveillance of the government and which when approved, each patient shall receive thirty cents per day, not exceeding 100 days. The Provincial Sanatorium at Kentville, Nova Scotia, has been completed since May last. It was erected and equipped at the cost of about $25,000.00.

The Canadian Association for the Prevention of Tuberculosis has instructed its Secretary to visit the various provinces and deliver addresses on the subject of educating the people how to live so as to check the spread of the disease.

Public opinion cannot be informed and enlightened by a rigorous enforcement of law to prevent tuberculosis, until the people are more aroused, enlightened and educated and realize it is for their good that they are asked to obey the law.

While legislation is being sought a vigorous and more persistent effort must be made to teach the people the importance of obeying general hygienic law as well as those laws which when complied with will check the spread of tuberculosis. When sanitary law is cheerfully and willingly obeyed there will not be the need for sanatoria as at the present time. The well-to-do will, with the convenience adapted to the care and treatment of consumptives, be able to more intelligently treat them at home. Governments will be required to maintain sanatoria for those from the poorer classes, who cannot afford to pay for their support, and just as the universal observance of sanitary law improves the conditions of the pent up laboring class and those who eke out an existence in slums and insanitary neighborhoods will the demand be less on the government to erect and sustain sanatoria.

One of the greatest if not the greatest thing that sanatoria will accomplish will be to educate those who stay and are cured there, how to live so as to arrest the disease in its early stages and avoid contagion, and who when they return to their homes, will be teachers of those with whom they come in contact. If for no other object than this the effort to build and maintain sanatoria is worthy of the support of people and of governments.

REMOVAL OF A VERY LARGE OVARIAN TUMOUR WITH A FIBROID UTERUS.*

By A. B. Atherton, M. D., Fredericton, N. B.

1904, Feb. 1, E. S. Single, aged 60.—Fourteen years ago she first noticed an abdominal tumour. Two years afterwards she went to a large metropolitan hospital and was told the tumour would never kill her, and that she had better not have it operated on. With this advice she rested content.

In the meantime, the belly enlarged until she now measures forty-eight inches in circumference. She has also lost a good deal of flesh. The tumour however has given her but little trouble except from its size.

On examination, the belly is found fluctuating and dull on percussion from epigastrium to pubes. Enlarged veins course over its surface. *Per vaginam*, the cervix is found in its usual position; nothing further of importance made out.

Feb. 9.—Operation.—Chloroform followed by ether administered by Dr. McGrath. Assistance rendered by Dr. Mullin.

An incision made from two inches above navel down to near the pubes. A large cyst came into view, and was tapped. A large quantity of a dirty, whitish-yellow, glairy fluid was got away. Several other smaller cysts were reached by way of this large one, giving exit to more fluid of a similar character.

Then the ovarian tumor could be delivered through the abdominal incision. The posterior wall of the tumour where it lay pressed against the spine and neighboring parts had a white, sodden appearance, as if almost devoid of circulation.

As I withdrew the tumour there appeared also a fibroid of the fundus uteri, of about the size of a fœtal head. Its pedicle, consisting of the elongated body and cervix, was now clamped along with the pedicle of the ovarian tumor, which grew from the left side, and both were cut away. After securing the vessels of the uterine stump, and swabbing out its canal with a solution of 1: 20 carbolic acid, the cervix was closed as usual, with catgut sutures, and the ovarian pedicle ligatured with silk.

*Read before N. B. Medical Society, St. John, July, 1904.

Then the peritoneal cavity was well sponged out, so as to remove any fluid which had escaped from the ovarian tumor when tapped, and the abdominal wound united by through and through silk-worm gut sutures. The usual antiseptic dressings applied.

As the patient appeared to suffer considerably from shock during and after operation, she received 1-20 grain dose of strychnin hypodermically, and an enema of saline with a half dram tincture of opium and one ounce of alcohol in it. After this she rallied well.

On examining the ovarian tumour we found papillomatous growth at the inner wall of several of the larger cysts.

Feb. 10. Rested well, sleeping eight or nine hours; vomiting slight; highest temperature during the night, 100°; P. 92.

Feb. 11. P. 88, T. 98.8°; no vomiting; slept well; gas is passing.

Feb. 12. Doing well; no pain felt since operation; P. 84, T. normal.

Feb. 21. Sutures all out. P. and T. have remained normal since last report. Belly concave. Skin over it is much wrinkled and loose, the long distenstion rendering it incapable of contraction.

Feb. 28. Out of bed for the first time.

March 3. Left hospital feeling well, being just twenty-three days from date of operation.

On entering hospital her weight was 153 lbs. She now weighs only 94 lbs. On July 1st. her weight was 109 lbs., which is within six lbs. of what she used to weigh before she had a tumour.

Remarks. It is but seldom that it falls to one's lot to remove so large an ovarian tumour as this at the present day; and it is remarkable that the patient should have for so many years escaped the surgeon's knife, especially as she has resided during all this time within an hour's ride of a city of half a million inhabitants. She had come only for a visit to Fredericton, and seeing her I prevailed upon her to submit to operation.

It is probable that the papillomatous change had only recently taken place in the ovarian cysts; and before very long it is certain we think that the sodden bloodless portion of one of them would have given away and have allowed some of the growth to escape and become implanted on the general peritoneum, thus possibly leading to a fatal issue.

It is of course even possible that that membrane may have been infected by some of the fluid contents which almost necessarily soiled it when the tumour was tapped. It will be interesting to watch the future progress of the case to see if any return of the disease occurs. As more than five months, however, have elapsed since the operation, and no sign of such an event has appeared, but on the other hand the patient has steadily improved in weight and general condition without any manifestation of local trouble, we may I think confidently hope she has been permanently cured.

So great an authority as Mr. Bland Sutton recently remarked in my hearing that he now in all cases of operation for the removal of ovarian cystomata makes the abdominal incision long enough to get the tumor out whole. As I understood him this was mainly to take no risk of infecting the peritoneal cavity by any papillomatous condition of the cyst walls. But unless it can be shown that the danger from such a cause is very considerable we think very few surgeons would make an incision of nearly two feet in order to remove an ovarian tumor of the size of the one above reported when one of a quarter that length suffices to deliver it after it has been tapped. Besides more or less laceration of its weakened walls would almost certainly take place if it were attempted to remove such a tumor as this one whole, and thus the peritoneum would be exposed to infection even more than on tapping.

The hysterectomy done to remove the fibroid found to complicate the ovariotomy in this case required much more time to accomplish than the latter operation; and it is somewhat remarkable that the double operation in a patient sixty years of age should have produced so slight a disturbance of the system and have been so quickly recovered from.

TWO UNUSUAL FORMS OF AMBLYOPIA.*

By J. W. Stirling, M. B., Edin. etc., Lecturer in Ophthalmology, McGill University, Montreal.

BILATERAL AMAUROSIS FOLLOWING SEVERE HÆMORRHAGE.

The comparative rarity of optic nerve atrophy following severe hæmorrhage has suggested to me the advisability of publishing the following case, more especially as I am unable to find among the recorded cases one in which the hæmorrhage was due to extraction of a tooth.

One case has been reported in which excessive hæmorrhage, after the extraction of some teeth, was followed by the development of cataract, but the maxillary hæmorrhage was immediately followed by a profuse menstrual hæmorrhage. A lamellar cataract had been present and rapidly ripened after the hæmorrhage, likely from the disturbed nutrition due to the hæmorrhage. (Pihl. Centralblatt fur Augenheilkunde 1900.)

A most elaborate resumé of this subject, and of the recorded cases, written by Grœnouw of Breslau appears in the Græfe-Sæmish hand book at present being published in Leipzig.

I will have occasion to refer to this work after appending the notes of my own case.

V. M. an anæmic looking boy of $5\frac{3}{4}$ years, was brought to me at my clinic in the Montreal General hospital in October 1903. The mother was desirous of knowing if anything could be done to restore the child's vision, which was very poor.

The history I obtained was as follows:—Twenty three months previously a tooth was extracted which was followed by uncontrollable hæmorrhage which lasted three to four days. The child became almost pulseless and unconscious. On recovering consciousness the vision was found to be entirely lost, but in the course of two weeks it returned to a slight degree, since which there has been very little or no improvement of it. There was a history of excessive bleeding about a year or more previously from a slight wound above the left orbit. The child is evidently a bleeder.

*Read before Canadian Medical Association, Vancouver, Aug. 24th, 1904.

The vision at present amounts to the preception of fingers at six inches distance with each eye; there is no appreciation of colours; the field is concentrically contracted to within 15 or 20° of the fixation point; the pupils are 5 millimeters in diameter and are immobile or barely oscillate to light.

Examination of the fundi shows both discs chalk white, with edges lacking in sharpness and a filled up appearance, rather than the shrunken appearance due to primary atrophy. Some faint white streaks extend along the retinal arteries a short distance from the disc. There are no signs of old retinal hæmorrhages. The vessels are only slightly diminished in size, this diminution being mainly in the arteries, the veins appearing nearly normal. No improvement of vision can be obtained by lenses. The appearances are those of partial optic atrophy secondary to an optic neuritis.

The cases so far reported have been mostly due to severe intestinal hæmorrhage, then next in frequency are uterine hæmorrhages and leeching or bleeding, and finally a very few due to nasal hæmorrhages, bleeding from wounds, hæmoptysis and urethral hæmorrhages.

The severe visual symptoms would seem to occur in individuals already in a depressed state of health. Rarely is only one eye affected. Several hæmorrhages may occur without causing the loss of vision, or the blindness may appear after the first and clear up to recur with each succeeding hæmorrhage, and finally in some cases become permanent, or, again, the blindness may be permanent from the very first.

The blindness in the majority of cases does not set in until three to six days after the hæmorrhage, in about a quarter of the cases immediately after the hæmorrhage and in a few as late as the eighteenth day.

The visual disturbance may last from a quarter of an hour up to several days in the few cases which do recover, but in the large majority of those which do improve, this improvement does not set in sooner than some weeks or months. Fully one third remain totally blind in both eyes, one-fifth have betterment of vision in one eye and a fairly good visual acuity has been observed in only 8 per cent. of the total number of cases.

The fundus of the eye in most of the cases shows a pale indistinct disc, with narrow arteries and some venous hemorrhages.

The fields of vision are contracted in varying degrees and forms, this, with the degree of diminuation of the colour and light sense, depending on the severity of the pathological changes giving rise to them.

As to the exact pathology we are rather in the dark. The seat of the changes may be in the brain, the optic nerve or the retina, but the existence of monocular cases favours the possibility of the latter two being the affected area, in, at any rate, many cases; and still further in the cases which have been examined ophthalmoscopically within the first day or two after the hemorrhages, marked changes have been found in the nerve and retina.

The following have been held to be among the main causes of the ocular condition, viz :—hæmorrhage into the optic nerve sheaths; optic neuritis with ensuing atrophy; a cerebral anemia with outpouring of lymph, which lymph on the refilling of cerebral vessels is forced into the intervaginal space of the optic nerve, causing an œdema of the nerve sheaths. Complete blindness with retained pupillary reaction would point to an œdema of the cerebral visual centres. Those cases in which blindness occurs immediately after the hæmorrhage are held to be due to anæmia of the brain, or also of the peripheral part of the visual apparatus. Theobald mentions thrombosis of central artery of retina as a cause.

Holden, of New York, in 1899, conducted a series of experiments on dogs and rabbits, and his deductions are that an œdema and degeneration of the ganglion cells of the retina occurs first, and later a similar process in the nerve fibres. These are the theories which have been so far advanced.

These notes have been drawn from Fries and Groenouw's articles. Fries managed to collect one hundred and six cases which have been reported during the past 235 years—a truly exhaustive work.

There remains but little for me to add in regard to my own case; there has been no change in the eye condition during the four months he has been under observation.

Holden's hypothesis seems to be the most simple explanation of the pathological changes in many of the cases, the slight swelling and later indistinctness of the nerve head tallying with the idea of an œdema. The sudden blindness in some cases being due no doubt to profound anæmia, the intraocular pressure exerted on the greatly lessened resistance of the vessel walls, especially where they dip over the disc in turning backwards, being capable of accentuating the existing intraocular anæmia. Venous hemorrhages occur through the degenerated venous walls. Œdema and degeneration set in forthwith in the

ganglion layer, and it simply depends on the rapidity of the recovery of the circulation as to how far this degeneration may go on, or how permanent it may be.

AMBLYOPIA DUE TO METHYL ALCOHOL.

The comparative rarity of this condition and its gravity renders the publication of case reports of some value.

The minimum quantity of wood spirit necessary to produce the ocular symptoms is as yet uncertain, but the onset is very rapid and is associated with much general disturbance. There is marked loss of vision going on quickly to total blindness which may, after a varying length of time, improve to a greater or less degree, but always ends in a certain degree of atrophy of the optic nerve with corresponding limitation of the visual field. Optic neuritis has been noted at the onset. The pathological change must affect the whole optic nerve and not be limited to any particular nerve bundles. The visual field suffers a peripheric contraction of irregular shape and degree, but is never hemianopic, and it is rarely even in the mild cases that a central scotoma has been observed.

My case report is as follows:—H. E., rather thin, nervous man, of forty-one years of age, was brought to me by Dr. Winter, of Algonquin, Ontario, on account of his poor vision. The patient stated that he had had very defective sight for over a year. The onset of his trouble was very sudden and followed a severe drinking bout he had had about thirteen months ago. At that time he drank six ounces of wood spirit and two ounces of brandy in an hour. He felt stupid, but managed to eat his supper, went to bed and slept well. The next morning he felt unwell, but ate his breakast, and later his dinner. About 3 p. m. (22 hours after drinking the alcohol), he vomited severely, and then went to bed two hours later, sleeping twenty-four hours continuously. Upon awaking he found that his vision had entirely gone. The patient remained totally blind for thirty-six hours, but at the expiration of this time he began to notice shadows of objects with the left eye; this vision slowly improved for six months, but has remained at a standstill ever since. He began to appreciate shadows with the right eye, about a month after the left eye first noticed them. The vision of the right eye likewise improved slowly for a few months, but this improvement has also ceased for the past six months.

His present condition is as follows:

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Vision 20
1 No lens further improves vision.
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The pupils barely oscillate to light and are 3 to 4 millimetres in diameter. There is total colour blindness.

The ophthalmoscope shows both optic discs to be chalk white, the edges sharply defined and the retinal vessels only somewhat diminished in diameter. The visual fields are greatly contracted, especially the right one, only a small portion upwards and outwards being retained.

The right one extends upwards 35 degrees, up and out 40 degrees, but ceases 10 degrees short of the horizontal meridian and in no direction extends below the fixation points; finally, it extends 15 degrees to the upper side of the vertical meridian.

The left field was much larger than the right one, extending to between 40 and 50 degrees up and out, down and out, and horizontally inwards with deep re-entering angles, as in the rule in cases of optic atrophy.

It is now over a year since I last saw him, but from latest accounts his condition remains unchanged.

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alcohol in the preparation of essences such as ginger, etc., and hence many cases of poisoning by it have escaped detection. Severe toxic results of its absorption into the system certainly indicates that there should be some restriction upon its sale and use. Dr. Wood, Chicago, and Dr. Buller, Montreal, have published synopses of the cases so far reported. This amblyopia occurring as a complication of other ocular lesions, which might be the cause of blindness, is likely another reason of its diagnosis being overlooked. The case I have reported is a typical one and might be of service to the general profession in assisting to detect it if it should come under their observation.

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His portrait was secured many years ago by the late Dr. R. S. Black, and was presented by him to the Halifax Medical College.

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Towards the close of the eighteenth century, Robert Hume, a naval surgeon, settled in Halifax, and about the same time a Dr. Hogan and a Dr. Sullivan were in active practice.

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Cochrane, in his history of Lunenburg, says: "The first medical man in the county of any note, was a Dr. John Bolman, who came from Germany early in the American Revolutionary War with the Hessian Contingent, (troops which had been hired by the British Government.) He was attached as a surgeon to the Army of General Burgoyne, which surrendered to the Americans. The Hessians, at the close of the war, were disbanded in Halifax, and Dr. Bolman subsequently settled in Lunenburg, attracted, no doubt, by the fact that there his native language was spoken by so many of the inhabitants. He practiced his profession in Lunenburg; and having the field almost to himself, he soon amassed considerable property, and became one of the leading men of the community, as appeared from his being chosen to represent the County in the House of Assembly. He died at about 1826, having practiced for over forty years in Lunenburg. He encountered great fatigue, hardship and danger from the almost entire lack of roads, the necessity of boating, the crossing of ice, the poor accommodation in country houses, and from many other inconveniences unknown to the dozen of practitioners, now occupying what was then his sole dominion: One of his sons was killed in Spain during the Peninsular War.

Dr. Edward Boleman, another son, also practiced for many years in Lunenburg. He had two sons, one of whom was a lawyer and one an officer in the Royal Navy. One of his daughters married Lieut. Aitken, R. N., and their son, C. Cheyne Aitken, studied medicine, practiced for a short time in Pictou and then settled in Lunenburg.

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the Revolutionary War, and was actively engaged in that conflict. In the engagement that took place at Little York, between the British and American forces, all the officers above him in the regiment were killed, and the command devolved upon himself.

Soon after the decline of Shelburne, he came to Liverpool, and began to practice there. He married Rebecca Tulluck, of Shelburne. In 1815 he was surgeon on the privateer schooner "Shannon," Capt. Benjamin Ellerwood, cruising on the American coast. He died at Black Point, but the date of his death I have been unable to ascertain.

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Dr. Andrew Webster came to Liverpool from Orono, Maine. In 1811 he married Ann, daughter of John Barss, of Liverpool. One of his daughters married John Carten. Descendants are in Liverpool. Dr. Webster practiced at Liverpool for many years, and must have been a general favorite, if one may judge by the number of babies who were named after him. His epitaph inscribed at the Old Congregational Burying Ground, Queens County, states that he died on August 10th, 1855, aged 77 years. He was not related to the Kentville or Yarmouth Websters.

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Dr. J. N. Bond was a native of Neston, Cheshire, England, and was educated for the medical profession at London. While the War of Independence was in progress he came to New York in a privateer. He at once volunteered to serve in the army and was made an assistant surgeon. For some time he had charge of the prisoners captured by Burgoyne and Cornwallis. He was present at Yorktown when Cornwallis surrendered to Washington. At the close of the war he settled at Shelburne, and received many public appointments. At about 1790 he moved to Yarmouth, where he died in 1830. At Yarmouth he held many public offices, besides discharging his professional duties. He was a Justice of the Peace, Judge of the Inferior Court of Common Pleas, Colonel of Militia, Collector of Customs and Sheriff. He is said to have been a man of strong character, with great firmness and determination. His sons, Drs. Joseph B. and James Bond, also practiced at Yarmouth. Dr. J. N. Bond was probably the first medical man who performed vaccination in Nova Scotia. Early in the spring of 1802, Mr. Norman Bond, a lawyer living in Bath, England, and an intimate friend of Dr. Jenner, sent out in a letter a small packet of vaccine lymph to his brother, Dr. Bond. He tried it on an infant a few weeks old, It succeeded and to further test its efficiency, he inoculated the child with small-pox, which, of course, proved powerless. The child grew to manhood and reached old age, and though frequently exposed to infection, never contracted the disease. (The first child to be inoculated with small-pox, in Nova Scotia, was Frank Bulkeley Gould De la Roche, son of Rev. Peter De la Roche. The inoculation was performed on May 27th, 1773, and the fact is noted in the Baptismal Register, at the Episcopal Church, in Lunenburg.)

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Was born in 1751. He graduated at Harvard University in 1772. In 1778 he was proscribed and banished. He settled in Yarmouth probably about 1770. In an application for a grant of land he is described as single, a refugee, and a physician. Campbell, in his history of Yarmouth, says:—"Mr. Rice was the first physician in the country of whom we have any record." As such, he was evidently regarded as a desirable settler. Nothing is known about his subsequent career. (Sabine.)

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Drs. J. N. Bond and Richard Fletcher were the next physicians to settle in Yarmouth. Both came from Shelburne and have been noticed.

Henry Greggs Farish

was born at Brooklyn, New York, where his father was a Commissary in the British Army. After the peace his parents, with their family, removed to Shelburne and afterwards to Norfolk, Virginia. He entered the navy as assistant surgeon on board the "Asia," and was soon afterwards promoted as surgeon on board H. M. S. Cleopatra. At the peace the ship was paid off, and, after having practiced for some little time in England, he returned to Nova Scotia, and settled in Yarmouth in 1803. Here he remained until his death in 1856. In addition to his duties as a medical practictioner, in which capacity he was very highly esteemed, he filled for many years, with singular ability, and integrity, many important public offices. He was naval officer, collector of excise, registrar of deeds, and an able magistrate. He was also land commissioner, judge of the court of common pleas, for twenty years custods of the county, and postmaster for fifty years.

He never ceased to take a deep interest in whatever concerned the history, progress and welfare of his adopted home. He was evidently a most discreet man, of few words but of careful and constant action. He seldom spoke in public, but no public work was uninfluenced by him. He was, in well worn phrase, "a gentleman and a scholar," and, however widely his opinions differed from the majority of those among whom he lived, he commanded the respect of all.

The ruling principle of his life seems to have been a strong sense of duty from which he would not swerve, however painful the consequences might be to himself. Nor can I leave this portrait without giving it the epigrammatic touch of an old inhabitant who knew him long and well, and who told me that the only faults that many found in him were that he was "a conservative in politics and a churchman in religion."—(Campbell.)

Three of his sons adopted medicine as a profession. Greggs Joseph and James C. settled in Yarmouth and are dead. Henry G. settled in Liverpool where he is still actively engaged in practice,

although advanced in years. His sons, Dr. George Farish of Yarmouth and Dr. J. C. Farish of Vancouver, B. C., are in active practice, the latter being a specialist.

Dr. Farish must have been extremely methodical in all his ways, otherwise he could not have successfully carried on a large practice in conjunction with his many public duties. As a proof of the careful and conscientious manner in which he cared for his patients, there is no better evidence than the record of 2,148 cases of labour attended by him.

The Farish obstretric record was published in vol. 4, page 177 of the Maritime Medical News, and is a very interesting document. It includes over 10,000 cases of confinement attended by the father and his three sons.

DIGBY.

Digby was settled by Loyalists and disbanded troops. Wilson says that the premier physicians were Dr. Christian Tobias, Peter Huggeford, John Skinner, Fleming Pinckston, and Joseph Marvin, and Abraham Florentine, at Clements. William Young and William Schirman were at Digby in 1789 and Azor Betts probably came at a later date from Shelburne.

Azor Betts,

Of New York, Physician. In January, 1776, Dr. Betts was arraigned before the Committee of Safety, for denouncing Congress and Committees, both Continental and Provincial, and for uttering that they were "a damned set of rascals, and acted only to feather their own nests, and not to serve their country, etc." He was condemned to close confinement in the Ulster County Jail. In April, the Committee of Safety voted his discharge on condition of his acknowledging penitence, paying expenses of confinement, and taking an oath to be of good behaviour; or, dispensing with the oath, of his executing a bond with sureties in £200. He settled in Nova Scotia and died at Digby in 1809. He may have been in Shelburne at first. (Sabine.)

Dr. Christian Tobias.

Dr. Tobias was a German, and served as surgeon to one of the German Regiments. He settled at Digby in 1784, and died there in 1800. He seems to have been an influential member of the community, and to have been highly respected as a medical man.

Dr. Joseph Marvin

Came to Digby with the Loyalists. Nothing further is known of his career.

ANNAPOLIS.

A garrison was maintained at Annapolis from its occupation down to 1854. The surgeon supplied the medical requirements of the district. Dr. Jonathan Woodbury practiced first at Granville and subsequently at Wilmot, as has been already noted.

Josiah Jones,

Physician, of Weston, Massachusetts. He was a son of Colonel Elisha Jones. He joined the British army at Boston soon after the battle of Lexington, in 1775, and was sent by General Gage in the sloop "Polly" to Nova Scotia, to procure hay and other provisions for the troops. On the passage he was made prisoner and sent by the committee of Arundel, Maine, to the Provincial Congress, and after due investigation of his case by a committee of that body, he was committed to jail at Concord. Obtaining release after some months' imprisonment, he again joined the royal forces, receiving an appointment in the commissary department.

In 1782 he went to Annapolis where he settled. A short time after that he went to England for the purpose of obtaining half-pay, and in this he was successful. He was a justice of the peace and judge of the inferior court of common pleas for the county of Annapolis for many years. He died at Annapolis in 1825, aged eighty.

One of his daughters married Dr. Thomas White of Westport. His property in Massachusetts was confiscated. Dr. Jones was a man of good powers and a cultivated mind. His family retains the impression that he was educated at Harvard University, but his name does not appear on the catalogue of graduates. His father had 14 sons and one daughter.—(Sabine.)

(To be Continued.)

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Editorial.

LIFE INSURANCE EXAMINATIONS AND MEDICAL WITNESS FEES.

The interim report presented by Dr. Clay at the special meeting of the Medical Sciety of Nova Scotia on Thursday evening, Dec. 15th, brings to the attention of the profession in Nova Scotia and the Maritime Provinces a number of questions which must be dealt with in the near future, if the practitioners in these provinces are to maintain the dignity which their scientific labours and care for the public health entitles them.

So far as Dr. Clay's suggestions with regard to life insurance examinations go, the NEWS thinks the compromise offered by the Life Officers Association of Canada should be generally accepted. A *four* dollar fee for all examinations up to where a microscopic examination of urine is required, represents a large amount of money. This of course does not apply to examinations for American companies. The other matters suggested by Dr. Clay's report will require legislative action, and with three progressive M. D's in the Local Legislature there should be no difficulty in having such reasonable legislation passed as would place the Medical Society of Nova Scotia on the same footing as the Barristers Society, which appears to be in a position to dictate its requirements to the Local Legislature without any opposition.

Dr. Clay's report will appear in our next issue.

THE TREATMENT OF TYPHOID FEVER.

A review of the treatment of typhoid fever by a competent authority is a subject of never-failing interest to the profession.

The Bradshaw lecture on this subject delivered recently before the Royal College of Physicians by Dr. D. Foord Caiger, London, (Brit. Med. Jour., Nov, 20, 1904,) is an unusually able contribution to the therapeutics of the malady, and merits consideration from the fact that it comes from a physician who has had a wide experience in handling typhoid, both in private and hospital practice. He has evidently no sympathy for expectant procedures, and this is the key-note of his review: "For my own part, I hold strongly to the belief "that the adoption of an entirely expectant treatment is not only "fallacious in its conception but very mischievous in practice. "When then I am asked on what general lines I would recommend "the treatment of a case of enteric fever, my answer is that in "absence of a specific I would treat the case on symptomatic lines, "but that I would employ in addition from the earliest date possible "such remedies of either an antipyretic or an antiseptic character or "both as appeared to be specially suited to the character of the at-"tack and the idiosyncrasy of the patient."

The varied specific, antipyretic and antiseptic measures which are assumed to be capable of exerting a direct controlling influence over the natural course of the disease are fully discussed. Under specific methods reference is made to the curative serum of Chantemesse and the anti-typhoid vaccine. The reported results of Chantemesse with his serum are very notable but require confirmation, and the method of Wright calls for further investigation.

The antipyretic method is warmly commended. The routine use of antipyretic drugs is condemned. In special cases the administration of quinine in large doses is advised. It lowers fever and exerts an antiseptic influence on the typhoid bacillus without hindering the elimination of toxins or depressing the action of the heart. His experience confirms the life saving power of the cold bath treatment, as practised by Brand and his followers, but he does not rely upon it to the exclusion of other measures. It is impracticable under ordinary conditions in private practice, but should be adopted in hospitals as a matter of routine, unless contraindicated by

special conditions, such as weak cardiac action and threatening hemorrhage or perforation. He notes the increased tendency to relapse under the Brand method.

The continuous administration of antiseptics throughout the whole course of the disease is strongly advised, and on rational grounds.

"We do not give antiseptics in the belief that they are competent "either to slay the germ of typhoid fever or to neutralise its toxin, "but in the confident anticipation that they will exert a restraining "influence on the propagation of the specfic bacillus and its congeners, "and on the various putrefactive organisms which are associated with "it in the alimentary canal. Moreover, even if antiseptic remedies "are incompetent to exercise any inhibitory influence on the multi-"plication of bacilli which have already passed into the circulation "and have been conveyed to distant organs, we are prepared to be-"lieve that some degree of attenuation of these organisms may be "brought about by the presence of even minute quantities of an anti-"septic in the blood and tissues of the body. In other words we "believe that the morbific agent may be rendered less capable of "elaborating a virulent toxin in consequence of the modification of "its environment which the presence of an antiseptic implies."

An extended trial of various antiseptics shows that they vary greatly in value, and no single one should be employed to the exclusion of others. Calomel is of distinct value in the early stage of the disease either to overcome constipation or diarrhœa, and is valuable in controlling the toxæmia associated with dark, foul smelling evacuations. It is not suitable for continuous use.

Sulphurous acid checks fermentative changes in the bowels and thus tends to lessen diarrhœa and meteorism and keeps the tongue moist. It is best given in chloroform water.

Oil of turpentine is a very useful antiseptic and is of special benefit when pulmonary complications exist, but its tendency to cause irritation of the urinary tract must not be forgotten.

The Burney Yeo formula of chlorine water and quinine is a very useful combination and well adapted for continuous administration.

Dr. Caiger has recently obtained excellent results from oil of cinnamon. He thought it to possess the following advantages:

1. The temperature in the majority of cases ran at a lower level than is customary in enteric fever, especially in cases brought under treatment in a comparatively early stage.

2. The patients for the most part remained drowsy throughout and as a result mental rest was secured and delirium was less frequent.

3. Intra-intestinal decomposition was controlled to an extent which was very striking. No single instance of meteorism developed among 147 cases which were treated with it. It is well to give the drug in small doses to begin with so as to accustom the patient to its pungent taste. By commencing with a dose of 2½ minims and increasing it to 4 or 5 minims, in the course of a few days the likelihood of vomiting being induced is materially diminished. Care should be taken that the quality of the drug is good, the oil obtained from the leaves being distinctly inferior to that obtained from the bark. When given for a few days its characteristic odour is very noticeable in the breath, in the exhalation from the skin and is readily detectible in the stools.

The symptomatic treatment of typhoid also received due attention as well as the accidents. The best methods of dealing with delirium, diarrhœa, constipation, insomnia, hyperpyrexia, meteorism, heart-failure, pulmonary difficulties, hemorrhage and perforation, are thoroughly discussed. For hemorrhage, he recommends complete deprivation of fluids for a time, a full dose of opium and the ice bag. For perforation, immediate operation unless the patient is moribund.

A careful perusal of the full text of Dr. Caiger's lecture is a good corrective of the tendency to depend upon a special plan of treatment for all cases. He rightly observes that "experience clearly indicates "that what is best for one patient may not necessarily be so for "another, and that the best results will be achieved not by a slavish "adherence to any particular method of treatment to the exclusion of "others, but by the adoption of such measures as seem best adapted "to the idiosyncrasy of the individual patient and the particular "type of his attack."

In a communication from the Secretary of the Committee on Legislation in last issue the name of Dr. H. P. Clay, Pugwash, as one of that committee was inadvertently omitted. We are requested to make the correction as Dr. Clay has been an active member of that committee.

Society Meetings.

N. S. BRANCH BRITISH MEDICAL ASSOCIATION.

November 9th. Meeting held at Vicioria General Hospital, the President, Dr. C. D. Murray, in the chair.

Dr. Chisholm exhibited two cases of arthritis chronica deformans. Both cases showed marked evidence of the disease, some of the joints being completely destroyed. He discussed the differential diagnosis between tubercular arthritis, arthritis deformans and joint disease due to syphilis. Dr. Chisholm leaned to the view held by some authorities that this disease might be due to a special micro-organism, and mentioned a paper by Drs. Poynter and Payne, which had appeared some years ago in the *British Medical Journal*, in which they claimed to have discovered a bacillus in the tonsil and around the joints of these cases. Dr. Weaver illustrated the joints with the X-Ray.

Dr. Weaver showed a most interesting case of rodent ulcer of the left lower eyelid. Treatment by X-Ray began in July last and continued through August and September, three times weekly, ten minutes exposure. Ulcer is completely healed at the present time. There is slight eversion of the lower lid, otherwise there is absolutely a perfect result.

The President presented a case of marked aneurism of the ascending arch of the aorta. Patient is 65 years old ; had hemiplegia sixteen years ago. Aneurism showed on the chest-wall as a well defined tumor.

Dr. Murphy exhibited a young man upon whom he had operated for pus in the left pleural cavity. He was in doubt as to whether the case was one of empyema or a perisplenic abscess which had invaded the pleural cavity.

He also showed an interesting case of bullet wound of the head, the bullet piercing the skull at a point half an inch below the top and three quarters of an inch in front of the left ear, and lodging in the brain. He probed and found a sinus extending upwards and backwards for about four inches. This was drained and complete recovery followed.

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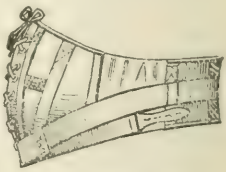

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Dr. Ross showed two cases, both females, of lupus erythematosus. In one, X-ray treatment had been carried out in Boston and here without any improvement. Then ichthyol was given internally, and pyrogallic and salicylic acid in collodion applied, with marked improvement. The second case had been subjected to the same treatment, except one patch which was subjected to the X-ray. This case improved in a few weeks, all patches healing rapidly.

November 23rd. Meeting held at the Council Chamber, City Hall. Dr. Hare exhibited a typical case of herpes zoster in a colored boy, aged 12 years. The disease extended over the right side of chest in front and down the right arm, following the course and distribution of the internal cutaneous nerve. This case evoked a very interesting discussion in which all present took part.

The President then read an interesting address which was devoted chiefly to the Government Sanitaruim at Kentville. (This paper is published in this issue of the NEWS.) A hearty vote of thanks was extended to the President for bringing this important subject before the branch.

The President, in replying, moved the following resolution :

"That the Nova Scotia branch of the British Medical Association, in view of facts brought to their notice, do not consider that the Government Sanitarium for Tuberculosis at Kentville is fulfilling the purpose for which it was originally desired, and respectfully request the Government to appoint a committee on which this Association shall be represented to draw up recommendations for its reorganization along such lines as may enable it to extend the most modern scientific treatment to all classes equally."

Considerable discussion followed, upholding the resolution, which was unanimously carried.

THE CANADIAN MEDICAL ASSOCIATION MEETING AT HALIFAX.

A special meeting of the Medical Society of Nova Scotia was held in Halifax on the evening of the 15th inst. About twenty-five members were present, including several from the country.

This meeting was called for the purpose of discussing arrangements for the entertainment of the Canadian Medical Association which is to meet in Halifax next August, and it was universally de-

cided that the Medical Society of Nova Scotia shall act as the hosts and entertainers.

The various county societies will collect funds; that of Pictou County is already to the front with a promise of $100 "and more if required." In those counties where there is no medical society at present, individual members will be asked to interest themselves in securing contributions from their colleagues. A committee was appointed to approach the Government with a view to assistance in some form, and while very reasonable objections were raised by one or two members to this move, it is remembered that on the occasion of a former visit of the Canadian Association to Halifax, the Government rendered valuable assistance, and that the Government of British Columbia very generously entertained the Association in Victoria during the past summer.

Dr H. P. Clay, of Pugwash, was present and read the report of the committee appointed last July to investigate the subject of fees in Life Insurance, and also fees paid by the Intercolonial Railway officials for medical services. This report will come up again at the annual meeting of the society in Lunenburg.

There are very good prospects of a successful meeting of the Canadian Medical Association here next summer. The executive has decided to have the meeting on the 22nd to 25th August inclusive. The weather is, as a rule, better here in July or June, but it is found impossible to secure the presence of the leading men of the profession, or to secure eminent men from other countries, earlier than August.

Final arrangements are not of course yet made, but our readers will be glad to know that the Address in Surgery will be delivered by Mr. Francis Caird, of the Royal Infirmary, Edinburgh, and that Dr. Howard A. Kelly, of Johns Hopkins, will read the Address in Gynecology, taking as his subject "Cystitis in Women." An Address in Ophthalmology will be given by Dr. J. W. Stirling of Montreal. The other addresses are not yet definitely arranged.

Personals.

Drs. C. P. Bissett, A. S. Kendall and **J. F. Ellis** were elected at the recent by-elections for the Provincial Legislature, the last named being unopposed.

Dr. Alfred Thompson was elected for the Yukon at the recent Dominion election. It is worthy of mention that both Dr. Thompson and his opponent, Mr. Congdon, are both former Nova Scotians.

Dr. G. C. Jones and Mrs. Jones recently left for Bermuda. The Doctor will return early in January. Mrs. Jones will remain for some months.

Book Reviews.

The Surgical Treatment of Bright's Disease.—By George M. Edebohls, A. M., M. D., LL. D., Professor of the Diseases of Women in the New York Post Graduate Medical School and Hospital, Consulting Surgeon to St. Francis Hospital, New York, etc., etc. FRANK F. LISIECKI, PUBLISHER, 9 to 15 MURRAY ST., NEW YORK, 1904.

This octavo volume of about 300 pages contains the most startling new departure in operative surgery of recent years.

To physicians and surgeons of twenty or thirty years ago the clinical records given in this book would be simply incredible, while the pathological theories adopted in explanation of the results would be deemed visionary. Indeed we imagine that the term visionary may be on the lips of many students of renal pathology of the present day as they read the author's fervid claims for the benefits of his operation. But those who have followed the course of renal surgery since Henry Morris captured this physician's realm for the surgeon, and those who are acquainted with the eminent services of Edebohls to operative surgery are prepared to listen with interest, perhaps not unmixed with perplexity to the six dozen remarkable cases detailed in this book, and to the views of the eminently clever and daring surgeon who publishes them.

The name of Edebohls has long been familiar in connection with the operation of nephropexy, or the refixation of dislocated kidney, and for many years a frequent feature of his technique in this operation has been the stripping off of the capsule of the kidney, a procedure apparently originally employed by certain German Surgeons (Rose, Lobstein, etc).

In a certain number of his cases of movable kidney, the usual signs of chronic nephritis were present at the time of operation, and it was an agree-

able surprise to find that, apparently as a result of operation, the albuminuria and casts disappeared and the patient was restored to health.

Naturally, the operator believed that in these cases the symptoms of chronic nephritis were due to the abnormal position of the kidney, with the circulatory disturbances consequent on this. It has long been known that in cases of movable kidney we may have occasional attacks of albuminuria, and the presence of hyaline casts, due no doubt to congestive conditions of the kidney, consequent on temporary interference with its circulation, as might readily be caused by kinking or torsion of the renal vein, a congestion similar to that caused by obstructed cardiac circulation. "If displace-
"ment of the kidney gives rise to congestion why may not the latter condi-
"tion occasionally progress to inflammation? And if nephropexy of a
"movable kidney will do away with renal congestion why may not the
"beneficial effects of the operation, occasionally at least, assert themselves
"even when the circulatory disturbances have already progressed so far
"and been so long maintained as to result in the changes characteristic of
"chronic nephritis." So argued Edebohls in 1899, and two years later we find a decided advance, when he writes thus: "Growing experience has
"added confirmation . . . . . and I am now prepared to go a step
"farther and to propose surgical intervention for the purpose of attempting
"a cure of chronic nephritis, whether the affected kidney be movable or in
"place." And a few months later *(New York Medical Record*, Dec, 21, 1901,) he says: "Gradually the idea dawned upon me that surgical pro-
"cedures which led to a cure of chronic nephritis in kidneys that were
"movable would be even more likely to prove curative when applied to
"kidneys not suffering from displacement. For a while the conception that
"the cure of the chronic Bright's disease was due to the correction of the
"displacement of the kidney by nephropexy stood in the way of the develop-
"ment of the idea. It was not until three secondary operations upon
"kidneys which had been anchored some time previously, demonstrated to
"me what I now believe to be the essential conditions underlying the cure
"of chronic Bright's disease by operation, that I saw my way clearly in the
"matter."

The post-operative condition here referred to is the establishment of a collateral circulation between the kidney substance and the vessels in the fatty capsule and perinephric fascia.

Edebohls points out that the the kidney and its fatty capsule are liberally supplied with blood-vessels, but he believes "the fibrous capsule proper
"forms an almost impenetrable barrier to the passage of bloodvessels be-
"tween the kidney and its fatty capsule." By the removal of the fibrous capsule the way is open for a free supply of blood to the kidney from without, supplementing that from within, weakened by disease and thus providing sufficient nutrition for the perishing secretory cells. "Arterial hyperæmization" is thus considered to be "the basic factor underlying the subsequent changes which resulted in a cure or improvement."

As far back as 1896, Reginald Harrison pointed out the beneficial effect of puncture of the kidney, and even of nephrotomy in acute congestive conditions and some critics of Edebohls' work consider that the results obtained by him are due to relief of tension. But Edebohls shows that while in acute conditions the capsule may be tense, in the chronic forms it is not so, and while frequently abnormally adherent, never compresses the kidney

substance. He also refers to the fact that improvement is not a sudden change, as might be expected if the agency were relief of tension, but a gradual process, depending on the improved nutrition of the secretory cells of the kidney.

The first operation "for the express and and deliberate purpose of curing Bright's disease," was on January 10, 1898, but the first case in which the relief of the symptoms of chronic nephritis was observed to follow the operation of nephropexy was operated upon on November 29, 1892. The case was that of a young woman 18 years of age, who came under treatment for a complication of pelvic diseases. She also presented the usual signs of Brights disease, and examination of the urine revealed albumin, granular and epithelial casts and a lowering of the specific gravity and of the urea output. "In the presence of chronic Bright's disease operation of any kind was declined." But the suffering of the patient became intolerable and various operations were performed, and finally, as the right kidney was movable and tender, partial decapsulation and fixation was done in November, 1892, as stated above. This patient lost all her troublesome symptoms, and regained complete health in about two years after operation, was married in 1904, and continues in good health.

Ten years of experience in male surgery gave Edebothls a different view of the risks of operating in chronic nephritis. Contrast with this first case, in which "operation of any kind was declined," the daring treatment in Case 17. In this case, a lady, aged 33, operated on at Galt, in Ontario, the condition would have been *noli-me-tangere* to most surgeons. The patient could not lie down, was completely waterlogged, there was œdema of the lower lobes of both lungs, only ten or twelve ounces of urine were secreted in twenty-four hours, containing 50 to 70 per cent of albumen. The temperature was over 100°, the respirations 30 per minute. The skin of both lower extremities had been incised to allow dropsical effusion to escape, and, two days before the operation, two gallons and a half of fluid were removed from the abdomen by aspiration. Both kidneys were operated on at one sitting, (the whole operation including anæsthesia and dressing occupying only forty-five minutes) and both were "typical examples of the so-called large white kidney." In six weeks the dropsy and pulmonary œdema had disappeared, and the patient felt well. The impairment of the kidneys had however gone too far—the nephritis persisted, a pyelitis developed and this patient died two months after operation.

Rather more than half of the book under review is devoted to a detailed history of the cases, seventy-two in number, operated on up to the end of 1903, with an analysis of the results. These cases are most interesting reading, and there can be no doubt that if the theory here advanced stands the test of a wider experience, and the cures here narrated prove permanent, this volume must be regarded as an epoch-making work.

The surgical facts are here, and while it must be conceded that the narrator is unmistakably enthusiastic, it must also be admitted that he is not unduly optimistic, and that he has his observations verified by independent observers. We do not question the thoroughness of the clinical examinations, the skill of the operator, or the remarkable results obtained. The mortality directly due to the operation is about ten per cent, and considering the desperate condition of some of the cases. this must be considered slight. Fifty-nine of the seventy-two cases may be regarded as having

received benefit, of these seventeen are regarded as cured; but twenty-two died subsequently to operation, the majority within a few months from progressive disease, generally terminating in uræmia.

But the difficulty present with us in reviewing this book is the revolutionary pathology advanced.

The term "Bright's disease" is one which has been very variously used. It is often regarded as synonymous with nephritis, and so it seems to be in this book. But it should be restricted to those cases of nephritis which are associated with dropsy, or with albuminuria, or with both. In many of the cases here related, Bright's disease appears certainly to have been present. Dropsy and ascites, albuminuria, tube casts, cardiac hypertrophy and retinitis, all contribute to the clinical picture. According to generally received views of Bright's disease, it is a general toxæmia, the toxic agent circulating in the blood, and affecting other tissues than those of the kidney, though, perhaps, having a special affinity for this organ, or perhaps affecting it more severely as it is the organ on which the strain of elimination chiefly falls.

Now, among the seventy-two cases here recorded, eleven are stated to have been unilateral, and Edebohls advances the theory that the disease may begin in one kidney and may remain confined to one kidney. It is easy to understand how a unilateral nephritis may be set up by repeated attacks of congestion in a movable kidney, or how one kidney may become affected by a local toxæmia passing up the ureter, as in sepsis or tuberculous disease, but it is not easy to understand how a general toxæmia should not affect both kidneys simultaneously. It is noteworthy that in many of the cases pelvic disease is present, and it may be found that the majority of the cases of unilateral nephritis are really local infections.

We would draw attention to an article in the *Montreal Medical Journal* (May 1904) by our own countryman, Primrose, of Toronto, in which the whole problem opened up by the work of Edebohls is treated in a masterly manner and a very interesting case contributed.

Two cases of renal decapsulation for puerperal eclampsia are given in this book, both being successful. These are extraordinary facts and indicate a vast change in the horizon of renal surgery, from a time when operation during kidney disease was considered as contraindicated.

The anæsthetic used in the great majority of cases was a mixture of nitrous oxide and ether, but Edebohls says he sees "no good reason why any surgeon should not use in his operations upon the kidney the same anæsthetic to which he is accustomed in his operative work generally."

On p. 75 a case is narrated in which the anæsthesia was begun with nitrous oxide gas and oxygen, but was soon changed to ether "and subsequently to chloroform to avoid death on the table." This is a remarkable statement to come from an American surgeon, and would lead an Edinburgh man to ask "why not use chloroform always."

The American Journal of Nursing (official publication of the trained nurse profession), Christmas number, contains a number of exceptionally interesting articles, among which is one by Bishop L. H. Brent, D.D, entitled the "Protective Forces of the World;" "What made Life Worth While," a Christmas story by Lucy Rider Meyer, A. M., M. D., of Chicago;" "A New Cranford," being a more or less true account of an experiment, by Miss Isabel McIsaac, late Superintendent of the Illinois

Training School; "Children's Island Sanatorium," an account of one of the great summer hospitals, by Maud S. Curtiss, Volunteer Worker of the Sanatoria Association; "Infant Feeding," by Mrs Helen Marion Warfield, of the Children's Hospital, Boston; an illustrated article describing the New Club-House of the New York Hospital Alumnæ; a most interesting description of a visit to the hospitals of Constantinople, with a photograph of the hospital where Florence Nightingale did her great work, by Miss L. L. Dock; the first full report of the Board of Examiners under the Regents of the University of New York State, and many items of personal and professional news of interest to the nursing profession. This number has a special cover, many illustrations, and is exceptionally attractive. Subscription $2.00 a year. Single copy, 20 cents. American Journal of Nursing Co., 227 S. Sixth Street, Philadelphia, Pa.

Diseases of the Nose, Throat, and Ear and their Accessory Cavities.—By Seth Scott Bishop, M.D., D.C.L., L.L.D., Author or "The Ear and its Diseases;" Honorary President of the Faculty and Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-graduate Medical School and Hospital; Surgeon to the Post-graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third edition. Thoroughly revised, rearranged and enlarged. Illustrated with 94 Colored Lithographs and 230 additional illustrations. 564 pages, Royal Octavo. Price, Extra Cloth, $4.00, net; Sheep or Half Russia, $5.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

We were familiar with the first and second editions of Dr. Bishop's work. In the third edition much of the work has been rewritten and illustrated. Recent discoveries and references to current literature have been added. The whole edition is thoroughly representative of the most advanced work of the present time.

This edition is particularly well filled with excellent plates and illustrations and must, in every respect, rank first class among recent works on diseases of the nose, throat and ear.

The Doctor's Red Lamp. A series of short stories concerning the doctor's daily life. Selected by Charles Wells Moulton, 1904. The Saalfield Publishing Co., Chicago, Akron and New York.

This volume of the "Doctor's Recreation Series" strikes us more favorably than the first one received. The selections are made, however, on a principle which reminds us of the net in the Scriptures which was let down into the sea and gathered "of every kind."

De gustibus non est disputandum, and in compiling a selection for the use of so wide a circle a readers as the members of the medical profession, one must have a cosmopolitan appetite. Here we find recognized masters of literature as Mrs. Oliphant and Conan Doyle side by side with—well, with others whose names are not yet familiar.

The four illustrations, all of them German art, are excellent. The book is attractively bound, and will find particular favor on the waiting-room table. The contents will likewise prove interesting to the doctor during his moments of recreation.

Hand-Book of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners By D. B. St. John Roosa, M. D. LL.D., Professor of Diseases of the Eye and Ear in the New York Post graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A M., M.D., Professor of Diseases of the Eye in the New York Post-graduate Medical School; Fellow of the New York Academy of Medicine. 300 pages, square, 12 mo. Price, extra cloth, $1.00 net. F. A. DAVIS COMPANY, Publishers, 1914-16 Cherry Street, Phila delphia, Pa.

The present state of opthalmology and otology is well covered in this work. Even though abbreviated it makes an exact and reliable guide as to the principles of treatment of diseases of the eye and ear. The undergraduate should appreciate this work because of the concise and exact way in which every division of the subject is treated. The busy practitioner will also find it a most valuable little reference work.

The Christmas Delineator.—The December *Delineator*, with its message of good cheer and helpfulness, will be welcomed in every home. The fashion pages are unusually attractive, illustrating and describing the very latest modes in a way to make their construction during the busy festive season a pleasure instead of a task, and the literary and pictorial features are of rare excellence. A selection of Love Songs from the Wagner Operas, rendered into English by Richard de Gallienne and beautifully illustrated in colors by J. C. Leyendecker, occupies a prominent place, and a chapter in the Composers' Series, relating the Romance of Wagner and Cosima, is an interesting supplement to the lyrics. A very clever paper entitled "The Court Circles of the Republic," describes some unique phases of Washington social life is from an unnamed contributor, who is said to write from the inner circles of society. There are short stories from the pens of F. Hopkinson Smith, Robert Grant, Alice Brown, Mary Stewart, Cutting and Elmore Elliott Peake, and such interesting writers as Julia Magruder, L. Frank Baum, and Grace MacGowan Cooke hold the attention of the children. Many Christmas suggestions are given in needlework and the Cookery pages are redolent of the Christmas feast. In addition, there are the regular departments of the magazine, with many special articles on topics relating to woman's interests within and without the home.

Therapeutic Notes.

A PERFECTED FOOD.—In treating anæmia is it not true that our first thought, and that to which our instinct should naturally lead us, is a normal blood standard? That there is a deficiency of iron in the blood in most forms of anæmia, is, of course, indisputable; and to endeavor to supply this lack by the administration of iron seems but a common sense procedure. This practice would be sufficient if anæmia were, in reality, nothing more than a condition of iron deficiency; but the profession realize now that the underlying costive factor is a disturbance of the process of nutrition and cell proliferation, and that iron poverty is but one manifestation of this disorder. Ample proof of this fact has been presented to every doctor when he has

observed how anæmic conditions persist in spite of the long continued administration of the various preparations of iron. Here, then, iron preparations must be supplemented by such remedies or by such a remedy as has the ability to awaken the depressed nutritive and cell proliferating process. To stimulate, tone up and snpply perfect nutrition in all anæmic conditions, I have found Bovinine to meet every indication par excellence.—John Griggs, M. D.

A Few Remarks on Asthma.—Asthma is entirely a spasmodic condition produced by a spasm or contraction of the circular muscular fibres of the air tubes by which the tube caliber is reduced and breathing becomes abnormally difficult. It is a most oppressive condition and when the spasm is over it leaves the patient much exhausted. It is essential to prevent the asthmatic attack as far as it is possible. The point of greatest importance in the treatment of the sufferer is the improvement of the general health ; if this can be accomplished the system is necessarily supplied with normal power to fight the cause or causes which bring on an attack and to stand the strain of the attack. A constant shortness of breath, aggravated at times by colds after exposure indicates either an asthmatical or emphysemic condition. In this condition the air cells are abnormally dilated and frequently torn so that they coalesce one with another and the normal elasticity of the lung is greatly reduced, consequently, the patient cannot properly empty the lungs. As the result of this the chest becomes barrel shaped and the respiratory movements are very much diminished, and consequently the blood is very imperfectly oxygenated and the general system shows a mal-nutrition and anæmia. To prevent the tearing of the cells into each other, as well as the spasms, it is highly necessary to improve the condition of the lung tissues by building up the general system. Where this is completely accomplished it relieves the distressing sensation or shortness of breath. It lessens the tendency to rupture and reduces the respiratory spasm. To restore the natural nutrition of the lung tissue is to enable it to recover its elasticity and this can only be done completely by supplying an absolute and perfect nutrition.

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Every Physician Knows.—In the *North American Practitioner*, under the head of " Intestinal Antisepsis," reported by Dr. Pettingill of New York City, we find some excellent experiences and from which the following is selected :

" Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect ; particularly is this the case when combined with salol Salol is a most valuable remedy in many affections ; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammations, etc., there frequently remain various painful and annoying conditions which may continue, namely : the severe headaches which occur after

meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamnia & Salol Tables' containing 2½ grs., each of antikamnia and of salol and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the uric acid and clears it up. This remedy is a reliable one in the treatment of diarrhœa, entero colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, following by two antikamnia and salol tablets every three hours, will give results that are gratifying."

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INDEX, VOLUME XVI.

Page

Addresses:
- Address of President, Canadian Medical Association, S. J. Tunstall ... 353
- Address of President, Lunenburg-Queens Medical Society, H. K. McDonald ... 81
- Address of President, Medical Society of Nova Scotia, M. Chisholm ... 421
- Address of President, Maritime Medical Association, G. M. Campbell. 237
- Address of President, New Brunswick Medical Society, J. D. Lawson .. 407
- Address of President, N. S. Branch British Medical Association, C. D. Murray ... 501
- Address in Medicine, Canadian Medical Association, R. E. McKechnie 430
- Address in Medicine, Maritime Medical Association, W. F. Hamilton 281
- Address of Welcome to the Maritime Provinces' Members of the Canadian Medical Association ... 451

Book Reviews:
- Acadiensis, Jack ... 404
- A Manual of Clinical Diagnosis, by Means of Microscopical and Chemical Methods for Students, Hospital Physicians and Practitioners, Simon ... 235
- A Manual of Medicine, Monro ... 498
- A Non-Surgical Treatise of Diseases of the Prostate Gland and Adnexa, Overall ... 117
- Blood Pressure, Bishop ... 498
- Colorado Medical Journal, March, '04 156
- Diseases of the Nose, Throat and Ear, Seth Scott Bishop ... 539
- Hand-Book of the Anatomy and Diseases of the Eye and Ear, D. B. St. J. Roosa and A. E. Davis.... 540
- Infant Feeding in its Relation to Health and Disease, Fischer..... 155
- International Clinics 78, 154, 234, 278, 469
- Manual of Materia Medica and Pharmacy, Muir... —... 350
- Plain Hints for Busy Mothers, Wheeler 39
- Saline Therapy, Von Noorden ... 499
- Serums, Vaccines and Toxines in Treatment and Diagnosis, Bosanquet ... 498
- Surgical Anatomy and Operative Surgery for Students and Practitioners McGrath. ... 78

Page

- The Acid Auto-Intoxications, Von Noorden and Mohr ... 154
- The American Journal of Orthopedic Surgery ... 80
- The Blues, Abrams ... 155
- The Christmas Delineator ... 540
- The Daily Medical ... 117
- The Doctor's Recreation Series ... 455
- The Doctor's Red Lamp, Chas. Wells Moulton ... 539
- The Man Who Pleases and the Woman Who Charms, Cone ... 349
- The Physician's Pocket Account Book 497
- The Physician's Visiting List for 1905 497
- The Practical Care of the Baby, Kilmer ... 78
- The Self-Cure of Consumption, Davis 155
- The Surgical Treatment of Bright's Disease, G. M. Edebohls ... 535
- Visiting and Pocket Reference Book for 1905 ... 497

Correspondence:
- C. P. Bissett, Case Report ... 146
- M. Chisholm, Etiquette ... 144
- J. W. Daniel and Thomas Walker.... 69
- G. E. DeWitt, Tuberculosis Congress 442
- A. P. Reid, Provincial Medical Board Matriculation Examination ... 223
- M. A. B. Smith ... 488
- G. D. Turnbull ... 381

Editorials:
- Actinobacillosis in Canada ... 492
- Address of Welcome ... 444
- Canadian Medical Association 110, 186, 261
- Compulsory Notification of Births 108, 259
- Importance of County Medical Societies ... 228
- Life Insurance Examinations and Medical Witness Fees ... 528
- Medical Fees ... 330
- Medical Witness Fees... 32
- Osler and Oxford... 383
- Prize Contest ... 109
- Re Dr. Smith's Letter... 494
- Reports on Public Charities, Nova Scotia, 1903 ... 105
- The Canadian Medical Association Meeting and the St. Louis Exposition ... 229
- The Maritime Medical Association Meeting... ...148, 226, 260
- The Meeting at Vancouver ... 382
- The New Governor of Newfoundland.. 385

Page

The New Superintendent of the N. B. Provincial Hospital 334
The Physician in Court..... 73
The Provincial Sanitarium..184, 329, 385
The Soluble Ferments of Cows' Milk.. 220
The Treatment of Typhoid Fever 529
United States Vital Statistics..... 493
Value of Water in the Treatment of Typhoid Fever 72
Vital Statistics 147
Editorial Notes:
A Birthday Presentation. 445
A Canadian Production..... 444
A Progressiye Firm..... 445
A St. John Prize-Winner..... 444
Medical Society of Nova Scotia.... 265
The Canadian Pacific Railway 445
The Provincial Sanitarium..... 265
Matters Medical:
Brother Didn't Count..... 265
Professional Modesty 265
The Wise Coroner's Jury..... 193
Obituary.
Dr. C. P. P. Cameron 232
Dr. D. A. Dakin..... 233
Dr. H. S. Densmore 232
Dr. J. H. McKay 347
Dr. J. H. McLellan 153
Dr. T. E. Morris 403
Dr. D. H. Muir 116
Dr. A. H. Peck 153
Dr. C. R. Shaughnessy..... 77
Dr. V. J. A. Venner..... 278
Dr. F. S. Wade 232
Dr. W. W. Wickham 192
Original Communications:
A Case of Acute Suppurative Perihepatitis, Operation and Recovery, G. C. VanWart 325
A Case of Eclampsia, C. P. Bissett . 327
A Case of Myelogenous Leukæmia with Disappearance of the Splenic Tumor and Return of the Leucocytes to Normal, C. E. Simon and D. G. J. Campbell 133
A Case of Sub-Clavicular Dislocation, F. Middlemas and A. Birt 64
Albumen and Casts—Their Relation to Lesions of the Kidney, L. M. Murray 300
Ataxic Hemiplegia in a child, W. D. Rankin..... 477
Bronchiectasis: With Some Reports, J. A. M. Hemmeon 138
Case of Gall Stone in Common Duct, Without Pain—Operation—Recovery, A. B. Atherton..... 308
Climacteric Insanity, G. A. B. Addy 176
Clinical Features and Anatomical Findings, W. F. Hamilton 281
Douches—Vaginal and Uterine, N. S. Fraser 29

Page

Further Notes on Mastoditis, with Cases, W. G. Putnan. 1
Hilton on Rest and Pain, T. D. Walker 127
History of Vital Statistics, G. M. Campbell 237
Hospital Notes, M. MacLaren 305
Immediate Trachelorrhaphy, F. H. Wetmore 440
Interesting Congenital Condition. Graves' Disease—An Anomalous Case, D. T. C. Watson..... 360
Medical Societies—Beginning and Development, J. D. Lawson..... 407
Medicine and Surgery in Southern California, S. L. Walker..... 119
Notes on Some Drugs, G. G. Corbet . 13
Operative Treatment of Bone and Joint Disease, M. MacLaren .. 473
Pelvic Hæmorrhages, M. Chisholm . 421
Pioneers of Medicine in Nova Scotia, D. A. Campbell.....195, 243, 519
Practical Lessons from an Experience of More than One Hundred Cases of Eclampsia, B. C. Hirst 18
Protection—Non-Political, H. P. Clay 323
Reflex Nervous Manifestations of Uterine Origin, Simulating Disease of Remote Organs, W. H. Irvine..... 468
Remarks on Ocular Paralysis, with Case Report, G. R. J. Crawford.. 179
Removal of a Very Large Ovarian Tumor, A. B. Atherton..... 510
Report of a Case of Chyluria, G. A. B. Addy 465
Severe Knee-Joint Wound, R. L. Murray 327
Simple Methods by Which a Blood Examination May be Carried out by the General Practitioner, F. E. Lawlor 59
Some Observations on Paretic Dementia, J. A. McKenzie..... .. 49
Some Recent Developments in European Gynæcology, W. W. Chipman 369
Strangulated Hernia with Unusual Sequelæ, D. Murray..... 8
Syphilis, G. G. Melvin..... 457
The Eye in its Relation to General Diseases, A. P. Crockett..... 89
The Microscope as a Factor in Diagnosis, J. M. Barry..... 96
The Observance and Enforcement of Sanitary Laws, the Most Effective Means to Prevent the Spread of Tuberculosis, G. E. DeWitt..... 505
The Position of the Kidney after Nephropexy, A. H. Goelet 438
The Prevention of Insanity, W. H. Hattie 41

Page

The Profession of Medicine for Women, G. G. Corbet 54
The Public Health Act in Nova Scotia, A. P. Reid 311
The Smallpox Epidemic—Persistence of the Contagium of Smallpox, A. P. Reid 171
The Surgical Treatment of Complete Descent of the Uterus . . . . . E. C. Dudley 414
The Use of the X-Ray in the Diagnosis of Diseases of the Bones, E. A. Codman 295
The White Blood Cells in the Diagnosis of Disease, L. M. Murray 165
Tuberculosis of the Female Urinary Organs. Removal of Kidney and Ureter, E. W. Cushing 254
Tuberculous Cystitis, J. Stewart . 211
Two Unusual Forms of Amblyopia, J. W. Stirling 513
Uterine Hemorrhages and Their Cause, T. S. Cullen 316
Vomiting of Pregnancy in a Primipara with a Double Uterus (Uterus Septus) E. B. Roach 159
Personal References:
36, 76, 116, 152, 191, 231, 278, 403, 454, 496 535
Selected Articles:
Don'ts in Modern Gynecology, L. Lofton 181

Page

Suggestions on the Nature and Treatment of Delirium Tremens, J. F. Kelly 99
Proprietaries, *Albright's Office Practitioner* 483
Misoneismus, The Deeply Rooted Inclination of Mankind to Combat New Ideas, A. Rose 65
The Correction of Abnormal Conditions of the Blood, S. B. Emley . . 480
The Soluble Ferments of Cow's Milk, J. Lesperance 216
Society Meetings:
American Academy of Medicine 149
Canadian Medical Association 346, 387, 446, ... 533
Lunenburg-Queens Medical Society 75, 277, 402
Maritime Medical Association 266
Medical Society of Nova Scotia 341
New Brunswick Medical Society 335
Nova Scotia Branch British Medical Association 34, 36, 76, 111, 115, 188, 453 532
St. John Medical Society 150, 276
Therapeutic Suggestions:
Cystitis 37
Fetid Breath 38
Habitual Epistaxis 38
Hoarseness 38
Opacity of the Cornea 38
Pruritus Ani 38

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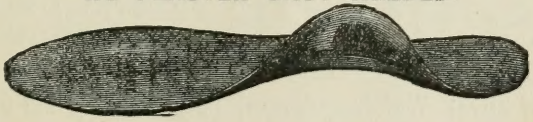

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Weight, Aug. 10 was	140 lbs.	Weight, Oct. 1 was	156 lbs.
" " 27 "	145 "	" " 15 "	157 "
" Sept. 10 "	148 "	" " 22 "	158 "
" " 16 "	150 "	" " 29 "	158 "
" " 26 "	155 "	" Nov. 5 "	159 "

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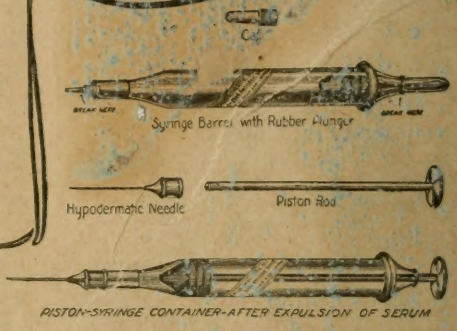
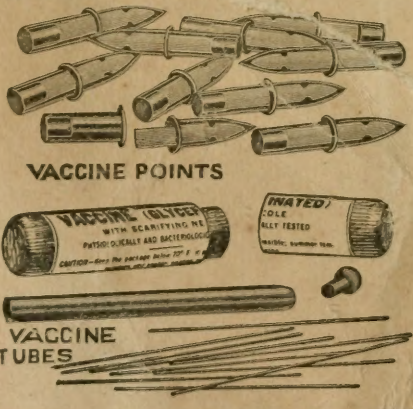


VACCINE



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